

**Miami-Dade County
Occupational License**

Permanent Make-up / Tattoo Affidavit

STATE OF FLORIDA

License # _____

COUNTY OF MIAMI-DADE

BEFORE ME, personally appear this date and made oath as follows:

I am a licensed medical/dental doctor in the State of Florida.

I agree to supervise techniques, procedures, equipments and health safety
measures implemented by (tattooer) _____ at
_____ in the area of PERMANENT MAKE-UP /
TATTOO, as required by law.

I will also provide the required semi-annual training in the areas of infection
control, sterilization and emergency procedures.

I understand that if this statement contains any misrepresentation, I shall have
rendered myself liable for the full penalty of the laws therefore made and provided.

PHYSICIAN/DENTIST (PRINT)_____
SIGNATURE_____
OCCUPATIONAL LICENSE
NUMBER*

Sworn and subscribed before me
this _____ day of _____, 20_____

Notary Public

*If not licensed in Miami-Dade County, the physician/dentist must provide a copy of his/her current
state license and occupational license from the county in which they practice. F.S. Sec 877.04